

## **NEWBORN CRISIS ASSESSMENT TOOL (NCAT) INSTRUCTIONS**

### **PURPOSE:**

Newborn Crisis Assessment referrals result from a physician or health care provider having serious concerns about the infant being sent home to a potentially dangerous situation. Many times a drug-involved mother may continue using drugs, so an assessment of the home situation is needed prior to, or at the time the infant is released from the hospital. There may also be other non-drug related situations in which a physician/health care provider is concerned about releasing a newborn infant from the hospital. These generally involve an infant with medical problems when hospital personnel have serious concerns about risk to the child upon release from the hospital.

The Newborn Crisis Assessment Tool (NCAT) is to be used to assess the circumstances surrounding the newborn in crisis. The NCAT is to be used to document the response to the newborn crisis assessment referral.

### **NUMBER OF COPIES AND DISTRIBUTION:**

One NCAT is completed when responding to the Newborn Crisis Assessment Referral (drug and non-drug involved). The worker will need to complete the Structured Decision Making (SDM) Safety Assessment on page two of the NCAT, as well as the *Safety Assessment, Part B (CPS-1A)*. The CPS-1A is a stand alone carbonated form that must be completed with the family so that upon completion the original can be given to the family. If the child's safety cannot be assured, the worker will need to submit protective custody recommendations from the NCAT to the Juvenile Court.

### **INSTRUCTIONS FOR COMPLETION:**

#### **Case Data:**

Referral Number: Enter the referral number assigned by CANHU on the CA/N 1.

County: Enter the County of the worker completing the Infant Crisis Assessment.

Drug-exposed: Mark an "x" if the infant born exposed to drugs/alcohol.

N on-Drug-Exposed: Mark an "x" if the infant was not born exposed to drug/alcohol.

Case Name: Enter the case name.

Children's Service Worker: Enter the worker completing the assessment.

#### **Child's Data:**

Infant's Name: Enter the name of the infant for whom the Assessment tool is completed.

DOB: Enter the infant's date of birth.

Birth Weight: Enter the infant's weight at birth, in pounds and ounces.

Gestational Age: Enter the neonatal developmental stage (the total number of months old the infant is) as determined by the Infant's Pediatrician.

Discharge Date: Enter the infant's date of expected/actual discharge from the hospital.

**Biological Parents:**

Mother's Name: Enter Biological Mother's; Name/Date of Birth/Address/DCN/Phone number.

Father's Name: Enter Biological Father's; Name/Date of Birth/Address/DCN/Phone number.

**Siblings:**

Child's Name: Enter the name of each of the siblings of the child who the assessment is being completed on. Also enter the child's DCN and birth date.

**Other Household Members/Significant Others:**

Name: Enter the name of a household member or significant other to the child being assessed or to the family. Also include the person's birth date and relationship to the child.

**Medical Documentation:**

Hospital: Enter the name of the hospital where the infant was born.

Name of Physician: Enter the name of the mother's doctor.

Phone: Enter the phone number of the mother's physician.

Contact Person: Enter the name of the hospital staff designated contact person for Newborn Crisis Assessment Referrals.

Phone/Fax #: Enter the contact person's phone and facsimile number.

Toxicology at Birth: Enter drug/alcohol results on infant and mother. Attach copy of toxicology results to the assessment packet. In cases where toxicology is not conducted, provide a copy of medical documentation of signs/symptoms of drug/alcohol use/withdrawal as observed at birth by hospital staff.

## **SAFETY ASSESSMENT**

The purpose of the safety assessment is to: 1) help assess whether any children are currently in immediate danger of serious physical harm which may require a protecting intervention; and 2) to determine what interventions should be maintained or initiated to provide appropriate protection.

**Which Cases:** All Infant Crisis Assessment referrals.

**Who:** The assigned worker.

**Decision:** The safety assessment is used to guide decisions on whether or not the child(ren) may remain in the home, the need for interventions to eliminate the threat of immediate harm, or if the child(ren) must be protectively placed.

***A safety plan is required for all children when any safety factor has been identified.***

**Appropriate  
Completion:**

The safety factors should be reviewed/referenced during the safety assessment process and the tool should be completed **immediately**. The safety assessment is made up of three sections, parts of which are found in the **NCAT** and the **CPS-1A**:

- Section 1: Safety Factor Identification
- Section 2: Safety Response & Interventions
- Section 3: Safety Decision

The vulnerability of each child is considered throughout the investigation/assessment. Young children cannot protect themselves. For older children, an inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

**Section 1** has two parts:

- **Part A**, (*found in the NCAT*), requires that the worker consider each of the 12 behaviors and/or conditions listed and identify the presence or absence of each factor by circling either "yes" or "no." **Answer each item as it relates to the most vulnerable child.**

(See CPS-1A instructions for Section 1 Part B, Section 2 and Section 3)

**SAFETY REASSESSMENT TO BE COMPLETED BY:** The supervisor will fill in the worker's name, who will be filling out the safety reassessment (CS-16D). The supervisor will also check the **due date** which represents **both** the date the safety plan expires **and** the date in which the reassessment is due to occur.

## **DEFINITIONS:**

- 1. Child(ren) is in danger because parent/caretaker's behavior is violent or out of control.**
  - Extreme physical or verbal, angry or hostile outbursts at the child(ren) or between household members;
  - Use or threatened use of brutal or bizarre punishment (e.g., scalding with hot water, burning with cigarettes, forced feeding);
  - Use of guns, knives, or other instruments in a violent or threatening way;
  - Violently shakes or chokes baby or child(ren);
  - Behavior that seems out of touch with reality, fanatical, or bizarre;
  - Behavior that seems to indicate a serious lack of self-control (e.g., reckless, unstable, raving, explosive).
- 2. Parent/caretaker describes or acts toward child(ren) in predominantly negative terms or has extremely unrealistic expectations.**
  - Describes child(ren) as evil, stupid, ugly, or in some other demeaning or degrading manner, or objectifies child(ren) (e.g. calling child(ren) "it" or "them");
  - Repeatedly curses and/or belittles child(ren);
  - Parent/caretaker targets a particular child(ren) in the family by extreme placement of blame for family or community problems (e.g., truancy, delinquency, etc.);
  - Expects a child(ren) to perform or act in a way that is impossible or improbable for the child(ren)'s age (e.g., babies and young child(ren) expected not to cry, expected to be still for extended periods, be toilet trained or eat neatly, expected to care for younger siblings, expected to stay alone);
  - Child(ren) is seen by either parent as responsible for the parents' problems;
  - Uses sexualized language to describe child(ren) or name calling (e.g., whore, slut, etc.).
- 3. Parent/caretaker caused serious physical harm to the child(ren) or has made a plausible threat to cause serious physical harm.**
  - Intentionally or by other than accidental means caused serious abuse or injury (e.g., fractures, poisoning, suffocating, shooting, burns, significant bruises or welts, bite marks, choke marks, etc.);
  - An action, inaction, or threat that would result in serious harm (e.g., kill, starve, lock out of home, etc.);
  - Plans to retaliate against child(ren) for agency involvement;
  - Use of torture or physical force that bears no resemblance to reasonable discipline, or punished child(ren) beyond the duration of the child(ren)'s endurance;
  - One or both parent/caretaker fear they will maltreat child(ren) and request placement.
- 4. The parent/caretaker's explanation of an injury to a child(ren) is inconsistent with the nature of the injury and/or there are significant discrepancies between explanations given by parent/caretaker, other household members, or collateral contacts.**
  - Parent/caretaker's explanation for the observed injuries is inconsistent with the type of injury.
  - Parent/caretaker's description of the causes of the injury minimizes the extent of harm to the child(ren).
  - Medical evaluation indicates injury is a result of abuse and parent denies or attributes injury to accidental causes.

5. **Parent/caretaker is currently refusing access to child(ren) or has refused access to children on prior interventions.**
- Parent/caretaker has previously fled or made threats to flee in response to a present or past intervention.
  - Parent/caretaker has history of keeping child(ren) at home, away from peers, school, other outsiders for extended periods.
  - Parent/caretaker refuses to cooperate or is evasive;
  - Child(ren)'s whereabouts are unknown.
6. **Parent/caretaker has not, will not, or is unable to provide supervision necessary to protect child(ren) from potentially serious harm.**
- Parent/caretaker does not attend to child(ren) to the extent that the need for supervision is unmet (e.g., although parent/caretaker or household member is present, child(ren) can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards);
  - Parent/caretaker leaves child(ren) alone (time period varies with age and developmental stage);
  - Parent/caretaker makes inadequate and/or inappropriate baby-sitting or child(ren) care arrangements or demonstrates very poor planning for child(ren)'s care;
  - Parent/caretaker's whereabouts are unknown;
  - Criminal behavior occurring in the presence of the child(ren) or the child(ren) is forced to commit a crime(s) or engage in criminal behavior.
  - Parent/caretaker has not, will not, or is unable to protect child(ren) from violence against other family members.

**Note:** If the item is identified as a safety factor, indicate if the parent/caretaker's lack of supervision is due to:

<input type="checkbox"/> Alcohol or other drug use	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Physical, mental health or cognitive incapacity	<input type="checkbox"/> Incarceration
<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Other

7. **Parent/caretaker is unwilling or unable to meet the child(ren)'s imminent needs for food, clothing, shelter, and/or medical or mental health care.**
- No food provided or available to child(ren), or child(ren) starved or deprived of food or drink for prolonged periods;
  - Child(ren) without minimally warm clothing in cold months;
  - No housing or emergency shelter; child(ren) must or is forced to sleep in the street, car, etc.;
  - Parent/caretaker does not seek treatment for child(ren)'s imminent and dangerous medical condition(s) or does not follow prescribed treatment for such condition(s);
  - Child(ren) appears malnourished;
  - Child(ren) has physical or behavioral needs which parent/caretaker cannot or will not meet;
  - Child(ren) is suicidal and/or violent to self or others and the parent/caretaker will not or is unable to take protective action;
  - Child(ren) displays serious emotional symptoms, serious physical symptoms, and/or a lack of behavior control which is believed to be a result of the child(ren)'s maltreatment.
  - Parent/caretaker has removed child(ren) from a hospital against medical advice;

**Note:** If the item is identified as a safety factor, indicate if the child(ren)'s basic needs are unmet by the parent/caretaker due to:

- |   |  |
|---|--|
| <input type="checkbox"/> Parent/caretaker's physical, mental health or cognitive incapacity | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Child(ren)'s physical, mental health or cognitive incapacity       | <input type="checkbox"/> Incarceration   |
| <input type="checkbox"/> Alcohol or other drug use  | <input type="checkbox"/> Other           |

8. **Child(ren) is fearful of parent/caretaker, other family members, or other people living in or having access to the home.**
- Child(ren) cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes fear;
  - Child(ren) exhibits severe emotional, physical or behavioral symptoms (e.g., nightmares, insomnia) related to situation(s) associated with a person(s) in the home;
  - Child(ren) has fears of retribution or retaliation from parent/caretaker or household members.
9. **The child(ren)'s physical living conditions are hazardous and immediately threatening.**
- Based on child(ren)'s age and developmental status, the child(ren)'s physical living conditions are hazardous and immediately dangerous. For example:
- Leaking gas from stove or heating unit;
  - Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or easily accessible;
  - Lack of water or utilities (heat, plumbing, electricity) and no alternate provisions made, or alternate provisions are inappropriate (e.g., stove, unsafe space heaters);
  - Open windows or broken or missing windows;
  - Exposed electrical wires;
  - Excessive garbage, or rotted or spoiled food which threatens health;
  - Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites);
  - Evidence of excessive human or animal waste in living quarters;
  - Guns and other weapons are accessible;
  - Active meth labs;
  - Vermin infestation (e.g., rats, roaches, etc.);
  - Vicious animal(s) or excessive number of animals in the home pose a safety concern to the child(ren).
10. **Child(ren) sexual abuse is suspected and circumstances suggest that child(ren) safety may be an imminent concern.**
- Access by possible or confirmed offender to child(ren) continues to exist;
  - Circumstances suggest that parent/caretaker or household member has committed rape or has had other sexual contact with child(ren);
  - Circumstances suggest parent/caretaker or household member has forced or encouraged child(ren) to engage in sexual performances or activities;
  - Non-offending parent/caretaker is unable/unwilling to protect the child(ren).
11. **The parent/caretaker's maltreatment history is significant to the current circumstances, and suggest that the child(ren)'s safety is an immediate concern.** (Note: Prior incidents, in and of themselves, do not constitute a current safety factor.)
- Prior death of a child(ren) as a result of maltreatment.

- Prior serious harm to child(ren)- previous maltreatment by parent/caretaker that was serious enough to cause severe injury (e.g., fractures, poisoning, suffocating, shooting, burns, bruises/welts, bite marks, choke marks, and/or physical findings consistent with sexual abuse based on medical exam).
- Termination of parental rights- parent/caretaker(s) had parental rights terminated as a result of a prior CD investigation.
- Prior removal of child(ren)- removal/placement of child(ren) by CD or other responsible agency or concerned party was necessary for the safety of the child(ren).
- Prior investigation with a probable cause finding
- Prior investigation with an unsubstantiated finding- factors to be considered include seriousness, chronicity, and/or patterns of abuse/neglect allegations.
- Prior threat of serious harm to child(ren)- previous maltreatment that could have caused severe injury; retaliation or threatened retaliation against child(ren) for previous incidents' prior domestic violence which resulted in serious harm or threatened harm to a child(ren).

12. Other (specify): \_\_\_\_\_

**If any safety factors are present, complete “SAFETY ASSESSMENT (Part B)” on the CPS-1A. If no Safety Factors are present, go to Section 3 of the CPS-1A.**

*The CPS-1A is a stand alone carbonated form that must be completed for every Safety Assessment. It is carbonated with a family's signature so that upon completion a copy may be provided to the family. **The original white sheet should be given to the family and the canary copy should be attached to the NCAT. (See directions for the CPS-1A.)***

**CPS-1A Completed And Attached:** Put an X in the box if the CPS-1A was completed and attached to the NCAT.

**The CD Worker will complete the Safety Reassessment (CS-16D) tool:**

- Prior to a child(ren) returning to the home following out-of-home placement during the investigation/family assessment period.
- At the expiration of the initial safety plan.
- On any case whenever new information becomes available that indicates a threat to the safety of the child(ren).

*The CS-16D, safety reassessment tool is used to evaluate the status of child safety throughout the life of a case. It documents the resolution of safety factors previously identified on the initial safety assessment, the presence of any additional safety concerns, and whether a new/revised safety plan is required.*

**(See form instructions to complete the CS-16D, Safety Reassessment.)**

## **FACTORS:**

*Check all indicators that apply under each factor. Enter "N/A" for indicators that do not apply. Place a "?" by all indicators you are unable to assess.*

Signs of Withdrawal Infant or Other Medical Complications: Is there medical documentation on withdrawal or medical complications associated with the exposure of drugs? Attach a copy of the medical records pertaining to documented complications.

Prenatal Care: Consider the following when addressing prenatal care: Did the mother obtain prenatal care? What was her drug usage during the pregnancy? Physician's name, if different from above and additional prenatal care information.

Prenatal Appointments: Enter prenatal drug use testing results (if available) in the spaces provided. Include the following in the space provided: specific dates or frequency of prenatal appointments, if information is provided.

Pregnancy Complications: Were there any complications during this pregnancy (including self-reported and medically documented)? Include any additional information pertaining to pregnancy complications in space provided.

Physical, Emotional and Intellectual Functioning: Are there concerns related to the mother's physical, emotional and intellectual functioning (includes self-reported, observed behaviors, and medically documented)? Include any additional information pertaining to physical and mental functioning in space provided.

Attachment and Bonding: Are there any concerns about the mother's attachment or bonding with the infant (including self-report and observed behaviors)? Include any additional information pertaining to attachment and bonding in space provided.

Paternity: Consider the following when addressing paternity: Has paternity been established? Is the birth father maintaining contact with mom/infant? Include any additional information pertaining to paternity in spaces provided.

Prior History of Abuse or Neglect: Consider the following when addressing prior history: Has the Children's Division been involved with this mother before? Has she given birth to other drug-exposed children? Is there a current case open? Is there a history of child abuse/neglect on other members in the household? Attach a copy of ANUM screen, if applicable.

Parenting Skills/Sibling Assessment: Identify the mother's knowledge and ability to care for the infant and other children (if applicable).

Planning/Preparation for Infant's Birth/Hospital Discharge: Document mother/family/caretaker's readiness for the infant's arrival.



Behavior Associated with Drug And Alcohol Use: Provide information on documented behaviors associated with drug/alcohol use as observed in the hospital as well as additional information obtained from mother/family/friends.

Special Health Care Needs: Have there been special health care needs identified and recommended by the medical staff? Have discharge plans been made and referrals to home health care providers arranged?

Strength of Family Supports: Identify key family members that may serve as positive support.

Environmental Condition of Home: Document conditions of the home where the child would be residing.

Domestic Violence: Address domestic violence issues.

Other Strengths or Concerns: Enter any additional strengths, issues or concerns not noted elsewhere.

Summation of Service Plans, Concerns, and Recommendations:

Summarize the general recommendations for the family, given the assessed strengths and needs identified. Recommendations may include closing the case or opening a case for Family-Centered Services. In some cases children are removed from the family in origin and placed in out-of-home care.

A case should not be closed if there was a “conditionally safe” finding on the safety assessment until CS-16D family re-assessment is conducted and the finding is no longer “conditionally safe”.

**INSTRUCTIONS FOR RETENTION:**

The NCAT is filed in the family assessment file.

MEMORANDA HISTORY: [CD06-34](#)